Preface

This note collectively consists of 3 main parts.

Part I

A table which collect all case taking items

Part II

The details of gynecological and obstetric case taking.

Part III

A Collections of all definitions and discussions of the parts that closely related to case taking.

Great efforts were done to introduce this note in a simple and concise form I want to express my gratefulness to.

***Dr*: Moh. Elnegary (Gynecology and obstetrics department Mansura faculty of medicine)** for his assistance and encouragement in the production of this not

Finally

It is hoped that this note may be helpful for you in clinical gynecology and obstetrics.

With My best wishes

Gynecology & Obstetrics
Case taking

HISTORY TAKING	
Personal history	-Name - Age -Address - Occupation -Marital status (duration – number of offspring) -Special habits -In obstetric sheet - Start with gravidity , parity - Mention number, sex of offspring
Complaint	-With the patient's own words & its duration -In obstetric sheet start by cessation of menstruation. since….....
Menstrual history	-Menarche. Menstrual cycle(rhythm , length , duration of the flow, amount and colour) Dysmenorrhea. Inter- menstrual period. (I.M.P) Last normal menstrual period. (L.N.M.P) Expected date of delivery. (E.D.D) in obstetric sheet Contraception. (current use)
Obstetric history	Gravidity , parity. Previous pregnancy :- Normal deliveries (F.T.N.D) Abnormal deliveries (pre-term , still birth ,difficult deliveries , CS and twins) Last labour. Abortion. Previous pregnancies. - Previous puerperia.
Past history	Past history of medical diseases Past history of surgical operation (General & gynecological) Past history of Trauma , radiotherapy Drug allergy , hormonal therapy Past history of contraception
Family history	Family history of D.M , hypertension Malignancy , twins

Sexual history **For Infertile couples**	Husband history:- Personal history. Medical diseases esp. diabetes, vascular diseases. Surgical operations esp. varicocel Previous marriages (Duration , outcome , Age of the youngest child) Ask for 1- Frequency of intercourse. 2- Position. 3- Dysparonia 4- Flour semenis. 5- Douching. 6- Libido 7-Orgasm
Present history **For Gynecological sheet**	Onset , Course , Duration of the complaint. Analysis of the complaint. Other gynecological complaint. Urinary and G.I.T. systems, Other system affected. Investigation , its results. Therapeutic history. D.M , hypertension .
Present history for obstetric sheet	Duration of amenorrhia. Symptoms suggestive of early pregnancy. Confirment of pregnancy, it's date . Date of quickening . Analysis of the current complaint. Symptoms suggestive of abnormal pregnancy. Symptoms suggestive of approaching labour. Urinary and G.I.T. systems Other system affected. Investigation , its results . Therapeutic history. D.M , hypertension .
EXAMINATION	
General Examination	General appearance (constitution , weight , height , gait) Vital signs (pulse , bl. pressure , temp. , respiratory rate) Complexion . (pallor , jaundice , cynosis) Head & Neck . examination . Chest examination. Breast examination . Back examination. Upper & Lower limbs examination.

Abdominal Examination	***A- Inspection***
	Abdominal contour. Respiratory . movements. Abdominal skin. Umbilicus. Hair distribution. Hernial orifices. Divercation of the recti.
	B- Palpation
	Superficial palpation For any abdominal swelling , tenderness & rigidity. *Deep palpation* (For gynecological case) Palpation of the abdominal organs. Palpation of an abdominal mass. (For obstetrics case) Palpation of the abdominal organs. Obstetric maneuvers (Leopold's maneuvers). Fundal level . Fundal grip. Umbilical grip First pelvic grip. Second pelvic grip.
	C- Percussion & D- Auscultation
Local Examination **For gynecological sheet**	Inspection of the vulva , Perineum ,… Digital palpation . Bimanual examination . Speculum examination. Rectal examination. Combined recto-vaginal examination.
Obstetric diagnosis **For Obstetric Sheet**	Gravidity. Parity. Duration of pregnancy in weeks. Presentation , position and lie. Associated conditions and complications.

A- History Taking

Personal History

A patient named …… , aged ….. ….y , from ……, (house wife) married since …… y, has……..offspring ,with (no) special habits.

NB :- In obstetric sheet :- Start by …G…P

- Mention the number and sex of offspring

☆**Name** :

- To follow up the patient
-To be familiar with her.
- Essential in hospital and clinical records

☆**Age :-** It is very important in personal history

A- Detection different periods in the female life .

- Period of infancy: 0 –2 y . - Period of childhood: 2-6 y .
- Period of adolescence: 6-10 y . - Puberty phase: 10-16 y .
- Child bearing period: from puberty to menopause
- Peri-menopause : the period before cessation of menstruation 40 – 51 y
- Post-menopause:1 year after cessation of menstruation (after 51 y)

B- Importance of the age in gynecology.

- Some diseases have more incidence in certain age groups
  - Fibroid in 35-45y . - Cancer cervix 40-50y .
  - Cancer vulva 60-70y .

C- Importance of the age in obstetrics :-

- To detect female of high risk for pregnancy .

1- Young primgriveda < 15y .

a-She is physiologically, psychologically unfit for pregnancy .
b-During pregnancy (increase incidence of PET and IUFD)
c-During labour (increase incidence of post-partum psychosis)

2- Elderly primgriveda > 35 y increase risk of

a- During pregnancy :- Increase incidence. of - Abortion (3 times more)
- Twins (5 times more)
More liable to D.M& hypertension and PET .

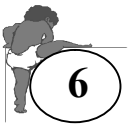
b-During labour :- Increase incidence. of - Breech presentation
- Traumatic deliveries

c-During puerprum :- More liable to puerperal sepsis .
d- Increase incidence of genetic abnormalities of the foetus (Down syndrome)

☆**Occupation :-**

1- Stressful jobs more liable to premature labour .

2- Industrial workers including radiation technicians (increase incidence of teratogenicity,carcinoma and affect fertility state)



☆**Residence** :- Some disease endemic in certain areas .

☆**Marital status :-** Mention the number of marriages , duration of each and number of offspring .

☆**Special habits :-** Including

- Smoking
- Drug addiction
- Alcohol
- Feeding habits
- Athletes

Smoking	***Alcohol***	***Drug addiction***
↓ placental perfusion I.U.G.R ↑ incidence of Ante-partum Hge Premature labour Premature rupture of the membrane.	- Foetal alcohol syndrome - I.U.G.R - Foetal mental retardation	-↑foetal anomalies I.U.G.R I.U.F.D

Complaint

- Should be written in patients own words (avoid seintific terms).
- If there are more than one complaint arrange them according to their importance and chronicity.
- Mention duration of complaint.

A- In Gynecology :

- The main gynecological. Complaints are
  1- Bleeding. 2- Pain
  3- Discharge. 4- Infertility
  5-Mass (abdominal or mass protruded from the vulva)
  6- Urinary complaint (frequency , incontinence and dysuria)
- Other complaints as :
  1- Cessation of menstruation 2- Hairsutism
  3- Hot flushes

B- In obstetric :

1- Start by cessation of menstruation since …..

2- The patient may

a- Coming for antenatal care (diabetic , hypertensive , rheumatic or has previous CS , abortion, ……,……)

b- Presented by one or more of the symptoms denoting abnormal pregnancy as :
- Headache
- Pain
- Blurring of vision
- Vaginal bleeding
- Swelling of the lower limb
- Escape of the watery fluid per vagina

c- For confinement

Menstrual History

- Menarche was at …….. ... years, the Menstrual cycle are / were (regular) recurring every ……. days , of ……. days duration , …….amount,…… colour.
- Dysmenorrhea
- I.M.P , free from (pain , bleeding , discharge).
- L.M.P , since ….
- (No) current use of contraception & if present in the form of …., since…

NB :- In obstetric sheet add E.D.D after L.M.P

☆ Menarche

- Normally between 10 –16 years
- If occur before 10 y precocious puberty .
- If occur after 16 y delayed menarche .

NB :- female with delayed menarche more liable to
(Infertility, delayed pregnancy, Premature labour and abortion.

☆ Menstrual Cycle

1- ***Rhythm*** refer to the recurrence of menstrual cycle.
normally regular any irregularity should be taken in consideration .

2-Length normally 28 7 day (21-35) .
oligomenorrhea > 35 & polymenorrhea < 21 days .

3-Menstrual flow (duration) : 2-7 days .

4- Amount normally average 50 – 80cc (mean = 60cc)

To judge the amount asking for
a- Blood clots if present denote excessive bleeding .
b- Colour normally dark red , bright red in excessive bleeding and in scanty bleeding .
c- Number of towels changed by the patient per day , night

General characters of the menstrual blood

1- *Colour* :- Dark red as the vaginal acidity acting on some blood turn its HB into met-Hb (Brown) .
- In excessive bleeding : Blood escape from the acidity appear bright red.
- In scanty bleeding : The acidic action become more apperant

2- Odour :- Offensive due to decomposition of blood elements mixed with sebaceous secretion at the vulva .

3- *Clotting* :- Normally not clot due to fibrolytic activity of the endometrium
- In excessive bleeding :- Blood escape from the fibrolytic activity of the endometrium so blood clots may appear.

4- Composition :- (Endometrium , RBCs, cervical mucus, cervical and vaginal epithelium and enzymes) .

☆ Dysmenorrhea

There are to types of dysmenorrhea

	Congestive	***Spasmodic***
1- Age	- After marriage.	- Shortly after puberty.
2- Parity	- Multipara.	- Nullipara
3- Onset	- 3-5 days before the onset of the menst	- Start with the onset
4-Site, reference	- In the lower abdomen, referred to the back.	- In the suprapubic, referred to lower limb
5-Characters	- Continuos dull aching pain, backache.	- Colicky , intermittent
6-Relive	- By menstrual flow.	- By menstrual flow

NB :- You should differentiate between dysmenorrhea and pre-menstrual tension syndrome .

☆ **Inter-menstrual Period** (IMP) :- The period from the last day of the menstruation to the 1st day of the next one .

- Asking for (pain , bleeding , discharge .)

☆ **Last Normal Menstrual Period**

Characters of LNMP *:*

1-Should be proceeded by 3 normal cycles .
2-Normal in amount , duration .
3- Not induced by hormonal contraception.

Importance of LNMP *:*

1- Calculation of the expected date of delivery (EDD) in obstetric sheet .
2- Expectation of pregnancy if there is amenorrhea .
3-Determine the date of some operation as (cautery, tubal patency test, vaginal operation) which done in post menstrual period.

How to calculate E.D.D ?

By (Naegles rule) which based on addition of 7 days and 9 months to the date of the L.N.M.P **:**

- Add 7 days and 9 months in the 1st 3 moths of the year
- Add 7 days and subtract 3 months from the rest of the months. (EDD in the next year)

Example : 1- If the LNMP in the 25/ 1/ 2000
So **EDD** in the 2/ 11/ 2000.
2- If the LNMP in the 2/ 4/ 2000.
So **EDD** in the 9/ 1/ 2001.

From the EDD you can calculate the duration of the pregnancy

Duration of pregnancy :

- 40 week ±2 w
- 280 day± 14 d
- 266 day (from a single coitus)
- 9 calender months

NB : In patient who forget the date of **LNMP** do your best to reach the near date by making relationship between it and a famous date for her
(date of marriage , a date of festival)

☆ **Contraception :**

If currently used (within 6 months) comment on it in the menstrual history , otherwise comment in the past history.

The most commonly used methods are .

- O.C.Ps (oral contraceptive pills)
- I.U.D (intrauterine device or loop)
- Injectable contraception .
- Others.

(She use contraception in the form of …… since ……)

Obstetric History

1- Gravidity ,Parity.
2- Previous deliveries (in details).
- Normal labour (FTND).
- Abnormal deliveries (pre-term labour , still birth , difficult labour , C.S and twins)

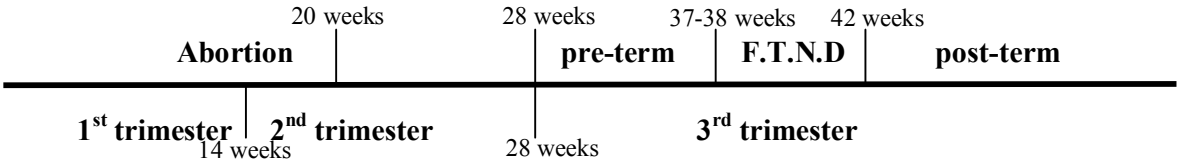
3- Abortion .
4- Previous Pregnancies.
5- Previous Puerperia.

📖 **Gravidity :**

📖 **Parity :**

NB : - Nullipara is more liable to PET & eclampsia.
- Grandmultipara more liable to Ante-partum & post-partum Hge and dizygotic twins.

📖 **Previous deliveries**



☞ ***According to the date*** *:*

- Pre-term labour between 28 – 37 weeks
- Full-term labour between 38- 42 weeks
- Post-term pregnancy After 42 week

At first comment on full –term normal deliveries .

Full term normal delivery (FTND)

- Spontaneous without interference (except epiziotomy)
- Mature between 37 - 42 w (obstetric viability)
- Natural birth canal (vagina)
- Reasonable time between 3–24h . less than 3 h (precipitate labour), more than 24 h (prolonged labour) .
- Vertex present Mean that the head is the presented part in full flexed attitude
- Without maternal complications as (shock , pp Hge, puerp sepsis … Etc)
- Without foetal complications as (asphyxia ,intracrainal Hge ,Skull fracture,…….Etc).

Abnormal deliveries

A- ***Pre -term pregnancy*** comment on .

1-Number
2-Duration of pregnancy on each
3-Results (living , dead) .

B-*Still birth* comment on

1-Number
2-Wither Antenatal or intranatal
By asking the patient about the foetal movements before the onset of labour, if she did not feel it denote that it is antenatal .
3-Characters of the newborn (sex , weight , any congenital anomalies) .

C- Difficulty Deliveries

1-Number , date of each
2-Nature

D- Caesarean section

1- Number 2- Date
3- Cause 4- Place
5-Post-operative complications

Last Labour

1-Date ……. 2-Nature

Abortion

1- Number & date of each (Habitual abortion if 3 successive spontaneous abortion)
2- Duration of pregnancy (to know the cause)
- In the 1st 12 week usually due to chromosomal anomalies
- In16 –24 week usually due to incompetent cervix
- In between 20 –24 usually due to (fibroid , placenta praevia ,syphilis)

3- Mode of onset (spontaneous or induced)
4- Mode of termination medical or surgical (surgical before 12-14 week)
5- Post-operative complications .

📖 **Previous Pregnancies :-**

- May pass without any complication
- May complicated by
  - P.E.T.
  - Ante-partum Hge
  - Gestational D.M
  - Others

📖 **Previous Puerperia:-**

- May complicated by
  - Puerperal sepsis
  - Puerperal pyrexia
  - Post-partum Hge
  - U.T infection
  - Genital prolapse
  - Acute mastitis
  - Deep venous thrombosis

Past History

1- Past history of ***medical diseases*** as (D.M . hypertension ,T.B, hepatic, cardiac, and pulmonary diseases)

2- Past history of ***surgical operation*** (general & gynecological)

a-Abdominal and pelvic operations may result in adhesion which may lead to infertility.

b-Gynecological operations .

- Cervical cautery may result in stenosis
- Cervical dilatation may result in incompetence
- Over curettage lead to thinning of the uterine wall (rupture uterus)
- Plastic operation as (repair of prolapse , vesico-vaginal fistula) in this cases it is better to delivered by **CS** to avoid recurrence of the lesion

N .B :- Always 2 C.S followed by C.S

- One C.S always hospital delivery

3- ***Past history*** of

- Trauma
- Radiotherapy
- Drug allergy
- Hormonal therapy

🕊 Radio therapy may cause amenorrhae

🕊 Drug allergy to assess the safety of the used drug

4- Past history of ***contraception***

🕊 It direct the physician for the most useful method

🕊 To avoid repeated question to the patient on follow up

📖 ***Texte :*** She used contraception in the form of ……. Since ……. For ……., If more than one method used :-

Then she withdraw it for ….., then use …… , Since …….. for….

Family History

Family history of

- D.M
- Malignancy
- Hypertension
- Twins

Sexual History

(for infertile couples)

1- Husband history:-

Personal history.(name, age, occupation, …….,…..)

Medical diseases esp. diabetes, vascular diseases.

Surgical operations esp. varicocel

2- If she / he previously married

(Date of marriage , results of this marriages)

3- *Ask her about the following :-*

a- frequency of the intercourse :

As frequent intercourse lead to production of immature or no sperms.
(the ideal is 2 per week)

b- *Position of her :*

As it affect semen deposition (the ideal is the dorsal position)

c- *Dysparenia*

It means painful coitus which may be

- Superficial in vulval lesion.
- Deep in vaginal or cervical lesion .

d- *Flour semines :*

It means semen expulsion by strong contraction of perivaginal muscles which lead to semen expulsion and no fertilization.

e- Douching

It may be pre-coital or post-coital and it may contain anti-sperms agents or may clear the vagina from the semen .

f- Orgasm

It means pleasurable sensation after the intercourse

g- Libido

It means the desire to act .

Present history

(of the gynecological sheet)

The present history of a gynecological case written as the following :-

1- Onset , course and duration of the complaint
2- Analysis of the complaint
3- Other gynecological complaint (bleeding ,discharge , pain)
4- Other system affected (urinary , G.I.T , others)
5- Investigation and its results .
6- Therapeutic history (date of admission , treatment received)
7- D.M and hypertension .

Analysis of the complaint

A- **A case of bleeding**

1- Characters of the blood (colour ,amount , odour)
2- Relation of the bleeding to the menstruation
3- Factors that increase or decrease the bleeding
4- Presence of (blood clots , low back ache and colicy pain)
5- If preceded by amenorrhea (ectopic pregnancy , abortion , …)
6- If there is bleeding from other body orifices .

B-A case of discharge

1- Characters of the discharge (colour , amount ,odour , consistency)
2- Associated symptoms as :
- Itching (pruritis vulva) - Menstrual irregularities
3- Factors that increase or decrease the discharge

Characters of monilial discharge (candida)

Scanty (moist the vulva) , thick , whitish , curd-like , associated with itching and increased by D.M , pregnancy

Characters of the trichomonas discharge

Profuse (stain the internal clothes , yellow ,offensive and usually post- menstrual.

C-A case of pain

1- Site , reference

Pain of genital organ is felt in the suprapubic region , refered to the lower back .
Ovarian pain may felt in one or both iliac fossea

2- Characters of the pain:-

Colicy : Usually of uterine origin which may be due to placental or membrane remnant , blood clots in the uterus or I.U.D.F
Dull aching : mainly due to pelvic congestion felt in the lower abdomen
Pricking , Burning , Throbbing ,….,….. ,etc

3-Factors that increase or decrease the pain.

4- Associated symptoms as (menstrual irregularities and vaginal discharge)

D – A case of swelling

May be abdominal or at the vulva (prolapse)

1- Site ,and size

The patient may describing it as lemon or orange size

2-Swelling at other sites of the body (may be malignant)

3- Factors that increase or decrease the complaint .

4- For prolapse

Effect of straining on it (present all over the time or only on straining)

Associated urinary or G.I.T symptoms .

E- A case of infertility

1- The condition started since …… , as the patient failed to conceive in spite of continous , regular , unprotected marital relationship

2- She sought medical advice in which the husband was investigated by semen analysis which was …….

3- She was investigated by

- Hysterosalpingography ,…… (results)
- Pre-menstrual biopsy ,…….. (results)
- Post-coital test ,……. (results)
- Others…….

F – A case of amenorrhea

1- Duration of amenorrhea (since …..)

2-It may be 1ry or 2ry

For 1ry amenorrhea

a- Presence or absence of secondary sex characters
(breast size , pubic and axillary hair)

b- Cyclic lower abdominal pain
(Associated with abdominal enlargement and urinary symptoms)

- *1ry amenorrhea may be a part of hypothalamic or pituitary syndrome*

For 2ry amenorrhea

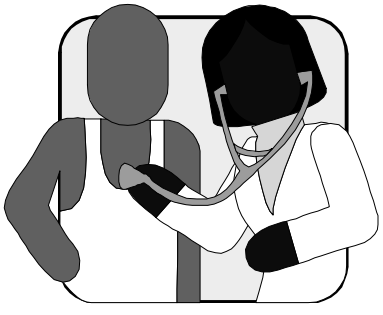
a- Presence of symptoms of early pregnancy (the most common cause)

b- Attack of previous similar conditions

c- Galactorrhia (milky or serous discharge from the breast)

d- Menopausal symptoms

e-Hirsutism (excess androgen)



Present history

(of the obstetric sheet)

1- The condition started by 2ry amenorrhia since ……..
2- This followed by symptoms suggestive of early pregnancy ….,…,…..,..
3- This confirmed by …… since ……
4- Quickening was at ……..
5- Analysis of the current complaint
6- Symptoms suggestive of abnormal pregnancy (pain ,discharge , bleeding)
7- Symptoms suggestive of approaching labour
8- Other systems affected (GIT, Urinary, others)
9- Investigation and its results
10- Therapeutic history (date of admission, treatment received)
11-D.M and hypertension .

Discussion on present history of obstetric case

📖 ***Symptoms suggestive of early pregnancy***

- 2ry amenorrhia
- Slight abdominal enlargement
- Morning sickness (nausea,vomiting)
- Change in appetite
- Frequent micturation
- Breast changes (enlargement , fullness , tingling , mastalagia)

📖 ***Pregnancy confirmed by*** *:-*

1- Physical examination
2- Urine pregnant test
3- Ultrasound (sonar)

📖 ***Quickening :*** This is the first perception of the foetal movement by the mother (16- 18 w in multigravida , 18-20 w in primigravida)

📖 ***Symptoms suggestive of abnormal pregnancy***

- Headache
- Blurring of vision
- Epigastric pain
- Vomiting
- Lion pain
- Vaginal bleeding
- Vaginal discharge
- Swelling of the L.L

📖 ***Symptoms suggestive of approaching labour***

1- Lightening which described by the patient as coming down of the abdomen
2-Increase vaginal discharge
3-False labour pain
4-Pelvic pressure symptoms (frequent micturation , difficult in walking)

📖 ***Symptoms suggestive of the onset of labour***

1- Passage of show (cervical mucous pulg streaked with blood)
2- True labour pain

Analysis of the current complaint

A –Case of pre-eclamptic toxaemia (P.E.T)

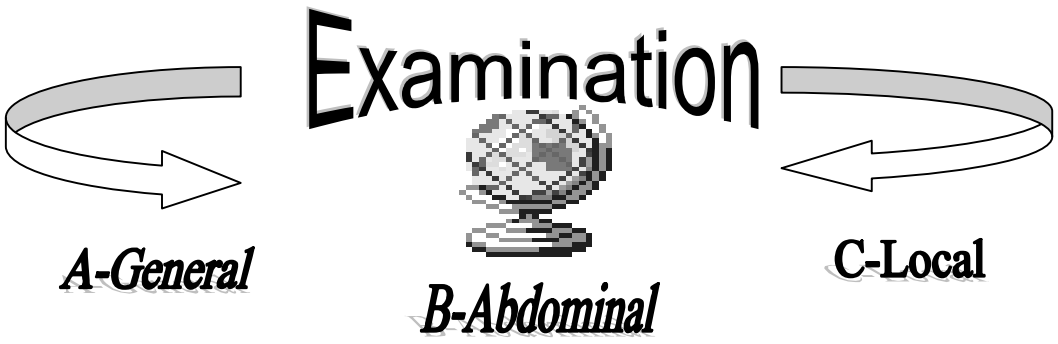
1- Onset ,course and duration of the symptoms
2- Ask about the signs and symptoms of the problem
(headache , blurring of vision , swelling lower limb ,……..,……)
3- Attack of similar condition on previous pregnancy
4- If she is still feel the foetal movement .
5- Symptoms of imminent eclampsia
- Aggravation of P.E.T symptoms
- loss of vision
- Sever epigastric pain
- Sever vomiting
- Oliguria

B- A case of diabetes with pregnancy .

1- The age of the onset and duration of the diabetes
-To determine the classification of the patient (modified White's classification)
2-Dose of insulin or hypoglycaemic tablets taken.
3- Associated symptoms
Polyuria , polydepsia , numbness in the limbs , decrease in the weight .
4- If she is still feel with the foetal movement .
5- Symptoms of associated P.E.T .

C- Pregnancy of a cardiac patient .

1- About the cardiac disease
Onset (congenital , before pregnancy , during pregnancy)
Course (progressive , stationary , retrogressive)
Duration (since ……..)
Nature (rheumatic , congenital , artificial valve , …….)
2- About the association
Dyspnea (at the rest , on exertion , orthpnea ,……..)
Cough (dry or productive , characters of sputum)
Haemoptysis , chest pain
Pain in the right hypochondrium (liver congestion)
3- If she is still feel with the foetal movement .
4- Therapeutic history especially if she take Lanoxine.



A-General examination

1- General appearance
2- Vital signs
3-Complexion
4-Head & neck examination
5-Chest examination.
- Breast examination
- Back examination
- Upper and lower limbs examination.

1- General appearance

A- *Constitution*

May be :-

a- Average feminine constitution
- Average height (150-200cm)
- Well developed female sex characters (feminine fat distribution , well developed breast, developed pubic and axillary hair)
- Pelvic girdle > shoulder girdle .

b- Infantile constitution
- Short < 150 cm
- Undeveloped female sex characters

c- Masculine constitution
- Tall
- Male sex characters (hoursness of voice ,hairsutism, muscle bulk)
- Pelvic girdle < shoulder girdle

B-Weight

- Determined by :
  - Thickening of the skin folds (triceps)
  - Body mass index = $\frac{\text{weight(kg)}}{(\text{height})2 \text{ meters}}$ = 19-25

For example : W = 75k , H = 165cm , BMI= ?

BMI = 75 / 3.3 = 22.7

- The weight may be (average , underweight or obese)
- Normally the weight of the pregnant female increased by 2-2.5 kg/ month.

📖 *Excessive weight gain*
- Multiple pregnancies
- Polyhydraminos
- Occult oedema

📖 *Excessive weight loss or no gain*
Intrauterine foetal death
Oligohydraminos
IUF growth retardation

C- Height

- May be - Average (150-200)
  - Tall > 200cm - Short > 150 cm
- Dystropia dystocia syndrome
  - Occur in short stocky patient
  - Signs (delayed puberty ,hirsutism , contracted pelvis and small uterus)
  - During pregnancy she is more liable to (abortion, PCT ,malpresentation)
  - During labour more liable to
    - Prolonged labour
    - Premature rupture of the membrane
    - Laceration of the vagina & cervix
    - Increase incidence. of the surgical interference as forceps, CS
  - During puerperium more liable to puerperal sepsis .

D- Gait

- To comment on the gait the patient must be walking .
- The gait is normal in pregnancy except in late weeks of pregnancy which become
  - Waddling gait (spinal lordosis and abduction of the thigh) due to engagement mainly in the pirmigravida in last few weeks but in multigravida engagement occur in the second stage of labour .
  - Limbing gait :- denotes abnormal pelvis as oblique contracted pelvis

2-Vital Signs :-

a- *Pulse* (60-100/ min)

Slight increase of 10-15 / min may occur in obstetric (physiological changes of pregnancy)

Abnormal pulse may be (tachycardia , bradycardia , irregular or weak pulse)

b- Blood Pressure 90-140/60-90 normally .

- Normally the blood pressure during pregnancy tend to hypotensive side due to placental A-V shunt and heamodilution .
- Hypertension during pregnancy may one of the following (P.E.T, Essential hypertension or chronic nephritis)

c- *Temperature* (36.6-37.2)normally .

Abnormal increase denote infection.

d- Respiratory rate : about 16-20 / min , pregnancy usually associated with hyperventilation (progesteron action).

3- Complexion :

a- Pallor :- Best seen in the inner surface of the lower lip

b- Jaundice :- Best seen in the sclera of the lower forinex

c- Cyanosis :- Seen in under surface of the tongue , conjunctiva in central cyanosis & tip of the nose ,ear pinna , nails in peripheral cyanosis .

4- Head & Neck examination :

A- Head

- Examination of L.N (submandibular, preauricular,postauricular and occipital L.Ns)
- Face (hairsutism – malar flush in mitral stenosis – acne)
- Mouth (pallor and cyanosis) .
- Eye
  - Sclera (jaundice)
  - Cornea & conjunctiva (Hg , vit A deficiency)
  - Puffiness of the eye lid (early in morning in chronic Nephritis)

B- Neck :

- Thyroid gland (for enlargement)
- Neck veins (congestive in semisitting position in heart failure)
- Lymph node (search for any enlargement)

5-Chest examination :

1- Thoracic cage (pigeon shaped chest in rickets)
2- Lung (bronchitis , asthma, TB, emphysema)
3- Heart (H.F, valvular lesion)

6-Breast examination

a-Signs of pregnancy :
Enlargement , fullness , increase vascularity , pigmentation of the primary aerola & montogomery sign

b-*Nipple examination :*
protrusion ,retraction ,fissure , milky discharge

c-*Scar of previous operation*

d-Palpable mass (tumour)

e-Infection (mastitis , abscess)

7-Back examination

- Any deformities (kyphosis , sclerosis)
- Spina bifeda

8-Upper & lower limbs

A- Upper limb

- Hirsutism , muscular development in android pelvis
- Epitrochlar lymph node enlarged in $
- Hand examination (clubbing in chronic .diseases)

B- Lower limb

- Hirsutism , muscular development (android pelvis)
- Examine the L.Ns .
- Deformities or configurment - Varicose vein
- Sings of D.V.T (tenderness , swelling) - Oedema

Abdominal examination

I -Inspection
II - Palpation
III- Percussion
IV – auscultation

General instruction

You should be in the right side of the patient to facilitate the movement of right arm
Examination done by the palm of the hand rather than the tips of the finger with warm hand (except in some maneuvers)
Engage the patient in conversation to decreased the rigidity of the abdominal wall
Examine the inguinal canal , inguinal L.Ns.

For the patient :

-The patient lies flat with slightly raised head on a pillow
The patient expose the area from the xiphisternum to symphysis pupis
Her knee drown up to decrease rigidity of the abdominal wall

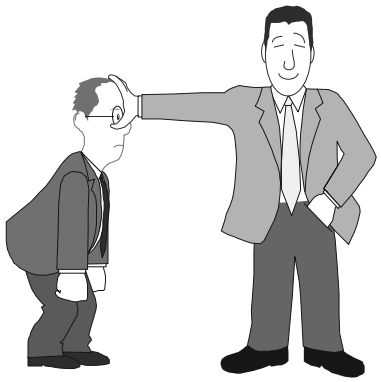
📖 ***The abdomen is divided*** by two vertical and two horizontal lines into 9 quadrants
Two vertical lines (mid clavicular plain which extend from the mid clavicular to the mid ingunal point
Upper horizontal line (transpyloric plain at the level of the first lumber vertebra bisects the distance between the umiblicus and xiphisternum)
Lower horizontal (inter-crestal plane) extend between the highest points on the iliac crests.

The 9 abdominal regions are :

1- Right, Left hypochondrium (1,2)
2- Right, Leift lumbar (3,4)
3- Right , Leift iliac (5,6)
4- Epigastrium 7
5- Hypogastrium 8 (supra pubic)
6- Umbilical 9

I – Inspection

1-Abdominal contour.
2-Respiratory movement
3- Abdominal skin
4- Umbilicus
5- Hernial orifices
6- Hair distribution.
7- Divercation of the recti



***1-Abdominal contour* :**

- Scaphoid : normally, it is concave from side to side and from above downwards.
- It may be bulging

Generalized abdominal bulging (vertical > transverse) in pregnancy.

Localized bulging in certain regions.

2-Respiratory movements :

- The abdomen normally moves freely with respiration

3-Abdominal skin :

- Scar of previous operations (CS , hysterotomy)
- Pigmentation (linae nigra , striae gravidarum , pigmentation around the umbilicus)
- Striae (rubra, albicans , …..)
- Dilated veins ,sinuses and fistula.
- Oedema of the abdominal wall.

4-Umbilicus :

Comment on :

a-*Site* **:** Normally between the umbilicus & symphysis pubis
May be shifted upwards, downwards .

b-*Shape* **:** Normally inverted may be flat or everted .

c- Discharge *d – Swelling and nodule*

a- *Discolouration.*

5-Hair distribution : may be

- Feminine distribution (triangular with horizontal upper border)
- Masculine distribution (extension of the pubic hair towards the umbilicus)

6- Hernial orifices :

Umbilical	Inguinal
Paraumbilical	Incisonal.

7- Divercation of the recti

📖 ***N.B :*** Causes of abdominal enlargement (7 f + ovarian tumour)
(fetus ,fat, flatus, full bladder, false pregnancy , fluid , fibroid , ovarian tumour)

II-palpation

A- Superficial palpation

By using the flat of the hand gently beginning some distance from the lesion .
examined for :
Tenderness :- it is a symptom the patient complaint of pain at the area of underling lesion

- Rigidity :- it is a sign you feel rigid abdominal muscle due to underline tender lesion so the muscles neither relax nor move in taking deep breath

A- Deep palpation

♥ *For a gynecological case.*

a-Palpation of the abdominal organs (liver , spleen ,kidney)

b-Palpation of abdominal mass

Type (Abdominal or pelvi abdomunal)

Number (single , multiple , bilateral)

Site .

Size in cms.

Shape (rounded , ovoid or irregular)

Surface (smooth , nodular)

Margin (will or ill defined)

Consistency (soft ,hard ,firm or cystic)

Mobility (fixed or mobile from side to side , or from up and dawn)

Tenderness

Relation to the skin

Relation to the underline structure

📖 Special types of palpation :fluid thrill- dipping method

♥ *Deep palpation for obstetric case*

a- Palpation of abdominal organs (liver ,spleen kidney)

b-Palpation of pregnant uterus

1- Fundal level
2- Fundal grip
3- Umbilical grip
4- 1st pelvic grip
5- 2nd pelvic grip
6- Combined grip

1- fundal level

Maneuver :-

Centralization of the uterus by the left hand

Palpation done by the ulnar border of the left hand from the xiphisternum downward to feel the first resistance which is the fundus

Determined the gestational age as follow:

At 12w… felt at the upper border of the symphysis. pubis

At 24w … felt at the level of the umbilicus

At 36 w…felt at the xiphisternum.

📖 After 36 w especially in primigravida the level of the fundus descend in the last few weeks due to engagement of the presenting part to the level coincide with the fundus at the level of 32 weeks so you should differentiate between them .

	Uterus at 32w	Uterus at 40w
History	- Since 32w	-Since 40w
LNMP	Since 12-14w	Since 20-22
Quickening	(-)ve	(+) ve
Lightening	- (-)ve	-(+) ve
-Pelvic pressure symptoms		
B-*Examination*		Broad , large, shelved
Uterus	- No shelving	Engaged
- Head (commonly)	- Not engaged	- Firm
Tone of the foetus	- Soft	-Great
- Amount of liquer	- Small	
C- *Investigation & special Methods*	Ultrasongraphy	

2- Fundal grip

Maneuver :- By grasping the fundus of the uterus by the palms of the 2 hands

Aim :- to determine which part of the foetus occupying the fundus

In the transfers lie …….. empty 0.5%

In longitudinal lie …….. breech 96% - head 3.5% .

You can differentiate between Head & Breech

	Head	Breech
Shape , size	-Rounded , regular , small	-Irregular , large
Consistency	- Hard	- Soft
Tenderness	Cause tenderness	No cause
Ballottable	Is ballottable	Not ballottable
Change of contour with foetus movement	Not change	Change in shape and contour
Foetus movement	Away from it	Under the examining hand

♥ If you fell **:** Soft , bulky , irregular , not tender , not ballottable ⇛ It is ***A Breech*** .

♥ If you feel **:** hard , small , regular , tender , ballottable ⇛ It is ***A Head*** .

3-Umbilical grip :- by two method

1- First method

One hand used to support the uterus and the level of the umbilicus, other hand is used to palpate the other side of the uterus from above downwards in three lines (paramedian , midclavicular and midaxillary)

2- ***Second method***

- Two hands are laid site by side at the level of the umbilicus and palpate the structure underneath them , one hand supports and the other palpate the uterus and compare .

Aim :-

1- Determine the position of the foetal back (ant. or post. & whether right or left)
- The back is felt as a smooth continuous curve from head to the breech

2- Determine the position of the head and breech in transverse lie

3- Site of the anterior shoulder to hear the (F.H.S)

4- 1St pelvic grip

Maneuver

1- By sitting beside the patient while she is supine with flexed hip and knee

2-Try to catch the lower uterine segment by the right hand which the palm resting on the symphysis pubis.

3-The thumb is parallel to the right inguinal ligament and the other four finger is parallel to the left inguinal ligament .

4- Try to feel the presented part between the thumb and other 4 finger

Aim :-

1- Determination the presenting part (head , breech)

In longitudinal line (96% head , 3.5% breach)

Empty in transverse line 0.5%

2- To determine the relation of the presenting part to the pelvic inlet , if the head it may

Floating :- all the head is felt ballottable

Not engaged :- most of the head 3/5 felt

Engaged :- most of the head is not felt

N.B All the previous maneuvers done with looking towards the patient's face

5- 2nd pelvic grip :

1- Now you turn your face towards the patient's feet

2- The two hands are placed flat on both sides of the lower part of the abdomen and push there downward towards the pelvis and feel the sides of the presenting part

by your fingers .

Aim :

1- To determine the attitude of the head
- Completely flexed ……..… Occiput lower than the sinciput
- Completely extended ……. Occiput higher than the sinciput
- Military (deflexed) …… Occiput & sinciput at the same level .

2- To determine the engagement

III-Percussion

The normal abdomen is resonant on percussion because the intestine are full of gases (ovarian tumors and fibroid) are dull so there is central abdominal dullness and resonant flanks .

Ascites give central resonance and dull flanks as the fluid fill the flanks and the intestine float on the fluid to be central .

Shifting dullness ……. By asking the patient to lie in one side after fixing the hand on the opposite side , the flanks become resonant

Fluid thrill found in (ascites , internal Hge , hydraminos , distended bladder, large unilocular ovarian cyst)

IV-Auscultation

1-Normally the intestinal sound , aortic pulsation (in thin female) are heard .

2-Value of the intestinal sound

Absent in: (Paralytic ileus , peritonitis)

Aggravated in : (Mechanical intestinal obstruction)

♥ ***In Obstetric, other sounds may be heard***

Fetal heart sound (F.S.H) - Funic souffle

- Uterine souffle

Foetal heart sounds (F.H.S) heard by :-

1- Pinards foetal stethoscope
2- Sonicaid by using ultrasound principal

Importance :

1- Sure sign of pregnancy
2- Sure proof of a living foetus
3- To confirm the foetal presentation.
   - Cephalic ……. FSH heard below the umbilical
   - Breech ……. FSH heard above the umbilical
   - Transverse line FSH heard on one side of the umbilical
4- Determination the foetal position
5- To diagnose twins in which 2 foetal heart sounds with difference of 10 beats / min or more heard by 2 physicians at the same time.

Fundal level	**Fundal grip**	**Umbilical grip**	**1st pelvic grip**	**2nd pelvic grip**

Local Examination

(For gynecological case)

1- Done in special examining room

2- Position usually – Dorsal position

In examination of vesico-vaginal fistula
best done in sim's lateral position

3- The examination done in a good light

4- The patient should with empty bladder

The local examination include

A-Inspection

B-Digital palpation (PV examination)

C-Speculum examination

D-Rectal examination

E-Combined recto- vaginal examination

A-Inspection

1- ***Mons veners*** :-
For hair distribution and nodules

2- ***Clitoris*** :-
Usually removed with the upper part of the labia minora in circumcision
Clitoral cyst may be present .

3- Labia majora and minora
For any swelling or ulceration

4- Perineum
This is the area between foresheet and anus
Inspected for recto-vaginal fistula or short perineum .

5-***Anal orifice***
Should be inspected

6-***Vestibule***
By gentile separation of two labiae by two fingers
Inspect the triangular area between clitoris above and foresheet blow

External urethral meatus : inspected for redness , discoloration and curuncle .

Vaginal orifice : inspected for any discharge , bleeding and swelling .

♥ Ask the patient to cough or strain and comment on
- Stress incontinence and genital prolapse

B- Digital palpation (P.V examine)

Procedure

The labia majora and minora separated by the fingers of the left hand

Introduce the lubricated index and middle finger of the right hand into the vagina with the thumb kept extended .

Palpate and examine the following

1- ***Vaginal wall*** (ulceration , soild tumour a nd cysts)

2- ***structure related to vagina***

- The urethra , bladder palpated through the anterior vaginal wall
- The rectum palpated through the posterior vaginal wall

3-***Tone of the levator ani***

- By asking the patient to hold herself , to feel the tone of the muscle

4- ***Vaginal fornices***

- As the vault of the vagina divided by the cervix into anterior , posterior and 2 lateral fornices

Examine for (nodules , masses and tenderness)

5-***Cervix***

- Palpated as a projection in the vaginal vault

External os :- in nullipara is circular pin hole and in multipara is transverse slit

Direction **:-**

In ante-version you feel the anterior lip first (the external os directed towards the posterior wall)

In retro-version you feel the posterior lip of the cervix first (the external os directed towards the anterior vaginal wall)

Level :-

Normally the lower end usually at the ischial spine level

In presence of prolapse it decrease below this level .

Size , Shape **:-**

Chronic cervicitis (enlarged , hard)

Under developed uterus (Long ,slender)

Mobility **:-**

It can move from side to side without pain

Sever pain on movement due to (ectopic pregnancy , acute salpingitis)

Consistency **:-**

Usually firm (like the tip of the nose)

In pregnancy it is soft

In cancer cervix it is fixed , indurated and friable

C – Bimanual Examination

- Examine the uterus for

Shape	Position	Mobility
Size	Consistency	Tenderness

Procedure

1- The 2 fingers in the vagina placed gently below the cervix in the anterior fornix .the left hand is placed flat just above the symphsis. Pupis

2- The uterus lift upwards towards the ant.abdominal wall by the 2 fingers in the vagina

3- On pressing both hands together

In ante-verted uterus it can be felt between the fingers of both hands

In retro-verted uterus the abdominal wall thickness only felt

4- For Adenxia (appendages)

Procedure - The fingers in the vagina is placed in one of the lateral fornices , the other hand presented laterally to the uterus .

- Ovary can be felt in thin female as (small ,oval , movable structure)
- Healthy fallopian tubes not palpable

6- For abnormal pelvic swelling

Examine for (size , shape ,consistancy , mobility , tenderness ,attachment)

6- For blood or discharge : examined it for (odour ,consistancy , colour)

D – Speculum Examination

Aims:

1- Inspection of the wall of the vagina , cervix for ulcers , polyps , erosion , cervicitis , tumour

2- Examination of vaginal discharge for amount , consist ,colour and its characters

3- For exposing the external os to use the uterine sound

4- For exposing the cervix for special tests as colopscopy

E – Rectal Examination Indicated in

1- Virgin , A plastic vagina
2- Recto- vaginal fistula
3- Diagnosis of rectocele
4- Examine of cancer cervix
5- Patient with rectal complaint
6- Masses in the Douglas pouch

F-Recto Vaginal Examination

Procedure :- - By inserting the thumb finger in the vagina and the index finger into the rectum

Indication :- To evaluate masses in douglas pouch protruding through vaginal wall

Diagnosis of the obstetric case

1- Gravidity : Number of pregnancy inculding the present one
2- Parity : Number of previous deliveries (vaginal or by CS)
3- Duration of pregnancy in weeks
4- Presentation , position and lie
5- Associated conditions or complication .

Medical : D.M , heart diseases & Surgical : CS , hysterotomy

Obstetrical : Ante- partum hemorrhage , P.E.T

Foetal : Hydramnios ., I.U.F.D

EXAMPLE The diagnosis is 3rd gravida , 2nd para ,37week ,cephalic ,left occepto-anterior associated with PET

Definitions & discussions

Menarche :

The age of spontaneous menstruation. (Range 10 –16 y , mean 13y .)

Menstruation:

Periodic shedding of the endometrium accompanied by loss of blood

Molimina :

A group of symptoms normally occurring before and during the menstruation including some headache , irritability and breast discomfort

Pre-menstrual tension syndrome :

A group of symptoms which occur in a cyclic manner in the pre-menstrual period and disappear completely (1ry) or partially(2ry) in the week following menstruation manifested by one or more of the following

- Nervous (headache , irritability and depression)
- G.I.T (nausea ,vomiting ,diarrhea or constipation)
- Pain in the breast & fluid retention

Dysmenorrhea :

Painful menstruation interfere with the daily normal activity of the female .

Menstrual cycle :

Duration from the first day of menstruation to the first day of the next cycle (28 +7 day)

Polymenorrhea : Frequent menstruation reccuring every less than 21 days

Oligomenorrhea : Infrequnt menstruation reccuring every more than 35 days

Menstrual flow (period) :

Duration of actual menstrual bleeding (2- 7 d)

Hypermenorrhea : Excessive menstruation more than 7days

Hypomenorrhea : Scanty menstruation less than 2 days

Menorrhagia :

Excessive or prolonged of menstrual flow or both .

Metrorrhgia :

Irregular uterine bleeding not related to menstruation

Menometrorrhgea :

Menorrhagia followed by irregular bleeding between the menstrual cycle .

Infertility :

Failure to conceive after one year of continuos normal unprotected marital relationship.

Sterility :

Inability to conceive for irreversible cause as hysterectomy & bilateral Salpingpherotomy.

Gravidity :

Number of pregnancies irrespective to their mode of termination (either ended by abortion or delivery)

Parity :

Number of deliveries after medicolegal viability (M.L.V)

M.L.V :

Duration of pregnancy after which the deliverd new born considered in birth statistics whether living or dead .

Viability :

Potential survival of the foetus when removed from the uterus or ability of the foetus to cope with extra-uterine life.

N.B : *Viability* occur a- If the foetus weight reach 500 g .
b- If duration of pregnancy reach 20 W .

Normal labour : (F.T.N.D)

Spontaneous expulsion of single mature viable foetus with vertex presentation through the natural birth canal within the reasonable time 3-24h without aid , without maternal or foetal complication.

Pre-term delivery :

Delivery of a living new born between 28 – 37 weeks
(after M.L.V, before obstetric viability .)

Obstetric viability :

Duration of pregnancy > 20 w .

Still birth :

Delivery of dead foetus after M.L.V which may be

a- Ante-natal (the foetus died before the onset of labour)

b- Intra-natal (the foetus died after labour mainly due to asphyxia, birth trauma,…..)

Puerperium :

A period of 6 – 8 weeks following delivery during which the anatomical and physiological changes of the pregnancy return to its condition as before.

Amenorrhae :

1ry : Absence of spontanous onset of menstruation by the age of 16 y in presence of 2ry sex characters or by the age of 14 y in absence of 2ry sex characters.

2ry :Cessation of previous regular menstruation for at least 3 months.

Quickening :

The first perception of the foetal movement by the mother
(16 –18 w in multipara and 18 –20 w in primigrvida)

Lightening :

Relive of the upper abdominal symptoms as dyspnea , dyspepsia due to descend of the uterus in last few weeks of pregnancy due to engagement, mainly in primigrvida

Engagement :

It's the passage of largest transverse diameter of the presenting part
(Biparietal diameter in vertex presentation through the plane of the pelvic inlet in primgravida it occurs in the last 2-3 w and in multipara in 1st or in 2nd stage labour)

Lie :

The relation of the longtudinal axis of the foetus to the longtudinal axis of the mother .

Presentation :

The part of the foetus is in relation to the pelvic inlet and which can be felt first by vaginal examination .

Position :

The relation of the foetal back to the anterior abdominal wall of the mother.

Attitude :

The relation of the foetal parts to each other .

Menopause :

Physiological cessation of menstruation due to suppression of ovarian functions (become insensitive to pituitary gonadotropiens)

Hirsutism :

Excessive growth of androgen dependant sexual hair which present in the sexual areas (upper lip ,chin ,cheeks ,ears ,chest, lower abdomen and upper limbs)

Ante-partum Hge :

Bleeding from the genital tract after 28^{th} week of pregnancy .

Post-partum Hge :

Abnormal excessive loss of blood (> 300cc in vaginal delivery , > 600 cc in C.S) after delivery of the foetus (during 3^{rd} stage labour or later up to the end of Puerperium)

Ectopic pregnancy :

Implantation of the fertilized ovum out side the normal uterine cavity .

Vesicular mole :

A disease of trophoblasts that replaced by (vesicles filled with fluid , trophoblastic hyperplasia and absence of blood vessels.

Placenta praevia :

Partial or total implantation of the placenta in the lower uterine segment (over or very near to the internal os)

Accidental Hge:

Premature separation of normally implanted placenta
(between 20^{th} w to the onset of labour)

Premature rupture of the membrane :

Rupture of the membrane at least two hours or more before the onset of labour pain (if it is occur before 37 w it is called pre-term premature rupture of the membrane)

Polyhydramnios :

Collection of excessive amount of liquor amnii more than 2000 cc .

Oligohydramnios :

A condition in which the liquor amnii less than its normal amount (few cc) .

Pre-eclamptic toxaemia (P.E.T) :

A specific disease occur only in human female characterized by hypertension and oedema or protinuria or both after 20^{th} w. of pregnancy and progress to eclampsia unless treated

Eclampsia :

Acute sever pre-eclampsia associated with convulsions not caused by any coincidental neurological disease .

Puerperal sepsis (Infection) :

Infection of the genital tract after delivery

Puerperal pyrexia :

A rise of temperature during the first 10 days of Puerperium (except in the first day) reaching 38c or higher lasting for 24h or more or recurring within this period the most common causes are puerperal sepsis, acute mastitis and **U.T.I.**

Caesarean section :

Delivery of the foetus after M.L.V through abdominal and uterine incision .

Hysterotomy :

Evacuation of the uterus before M.L.V through abdominal and uterine incision .

Epizitomy :

An operation in which the perineum is incised during labour to widen vaginal orifice.

Hysterectomy :

Removal of the uterus by abdominal or vaginal rout

Puberty :

Physiological phase during which the genital tract organs mature (psychic, somatic, sexual development)

Characterized by Physiological changes (menarche)

Morphological changes (physical development accompanied by 2ry sex characters .

Psychological changes .

Precocious puberty : A condition in which the onset of the menstruation and other signs of puberty appear before the age of 10^{th} years .

Delayed puberty : Absences of the signs of puberty after the 16^{th} years.

Menopause *:*

Physiological cessation of the menstruation due to suppression of ovarian function which become insensitive to pituitary gonadotrophins .

Menopausal syndrome

Characterized by the presence one or more of the following

1- C.V.S (hot flushes , palpitation , arrhythmia)
2- Neurological (anxiety , depression , headache , insomina)
3- Genital (dysparonia , senile vaginitis)
4- Osteoporosis .

Menopausal abnormalities include

- Pre-mature : If occur before 40 y .
- Delayed : If occur after 55 y.
- Artificial : Destruction of the ovarian function before the average age of natural menopause.

Genital prolapse :

Down displacement of one or more of the genital organs below their normal anatomical level .

Types (cytocel , urethrocel , rectocel ,enterocel) .

Urine incontinance : Involuntary passage of urine .

Diagnosis of pregnancy

	In the 1st trimester (0-14 w)	**In the 2nd (14-28 w)**	**3rd (28 –end w)**
History (symptoms)	- Amenorrhea - Appetite changes - Morning sickness - Frequency of micturation. - Breast changes (enlargement , fullness, tingling ,maslalagia)	- Amenorrhea - Abdominal enlargement - Quickening - Breast symptoms increased	Amenorrhea ↑ abdominal enlargement - Lightening Pelvic pressure symptoms - ↑ foetal movement - ↑breast symptoms
Examination ***I – Breast sings***	– ↑size, ↑vascularity Enlargement & pigmentation of the nipple. - Pigmentation of 1ry aerola - Mentogemery sign	- The signs become more apparent	
2- Abdominal		- Appearance of linea nigra ,striae - Feeling of the pregnant uterus movement. - Hearing of the foetal heart sound by sonicoid	
Investegation	- Urine pregnancy test - Ultrasound	-Ultrasound	

Calculation of the duration of pregnancy

A- History

1- From L.N.M.P

Duration = present date – L.N.M.P

2-From E.D.D

Duration = 40 – (E.D.D – present date).

To convert months to dates: add two days to each month or add one week for three months.

3- From the date of the quickening

By adding the date since quickening to (16 –18 w in multiogravida , 18-20 w in primigravida)

From lighting

Occur in the last few weeks of pregnancy mainly in primigravida

B- Clinical parameters

1- Fundal level 12 w at the upper border of symphysis pubis

24 w at the level of the umbilicus

36 w at the xiphisternum joint.

2-Mc Donald's rule

Duration in weeks = Lengh from the fundus to symphysis pubis in cm X 8/7

3-Auscultation of the foetal heart sound by

a- By sonicoid : At 10 w.

b- By foetal stethoscope : At 20 w .

4- Ultrasound : By measuring

a- Biparietal diameter.

b- Length and abdominal circumference

Vomiting during pregnancy

- It may be

Emesis Gravidarum	***Hyperemesis Gravidarum***
● Common ● Confined to the morning ● Beginning between 4^{th} , 6^{th} weeks of pregnancy, disappear at 12^{th} week . ● Need minimal or no treatment ● Not affect the general condition.	● Rare ● Repeated throughout the day ● Has progressive course and may be fatal. ● Need efficient treatment ● Affect the general condition

Bleeding during pregnancy

1^{st} Trimester	**2^{nd} Trimester**	**Ante-partum Hge**

Bleeding in the first 13w after L.N.M.P	Bleeding between 14 –27 week	Bleeding after 28th week
Causes	**Causes**	**Causes**
Abortion	Late abortion	Placental
Ectopic pregnancy	Vesicular mole	- From anomally situated placenta(accidental Hge)
Molar pregnancy	Placenta praevia	- From abnormally situated placenta (placenta praevia)
Loss of a twin	Pre-mature separation of placenta	Extra placental
Local lesions	Pre-mature labour	- Local genital cause
- Cervical erosion	Cervical , vaginal lesions	- Rupture uterus
- Acute infection	Cervical incompetence	Foetal bleeding
- Cancer cervix ,vagina		Labour : bloody show.
- Ulcers , polyps		

The main difference between placenta praevia and accidental Hge are :

	Placenta praevia	Accidental Hge
1- Haemorrage	- Causeless , painless and recurrent	- One attack mainly due to P.E.T, traum, abdominal Pain of mixed type.
2- General examination	- No signs of P.E.T	- Signs of P.E.T
3- Abdominal examination	- No tenderness , rigidity	- Tenderness , rigidity
4- Vaginal examination	- The blood is usually bright red, the placenta is felt.	- The blood is usually dark red , the placenta is not felt.
5- Ultrasonography	- Placenta is in the lower uterine segment	-Placenta is in upper uterine segment

Modified White's classification of diabetes in pregnancy

1- Class A (Gastational)

A1 : The onset at any age, last for any duration, treated by diet control, with no complication

A2: The onset at any age, last for any duration, treated by insulin, with no complication

2- Class B

The onset at age > 20 years , lasts for < 10 years , treated by insulin

3-Class C

The onset at age between 10 –19 years , lasts for 10 –19 years , treated by insulin.

4-Class D

- The onset at age < 10 years , lasts for >20 years , treated by insulin complicated by benign retinopathy .

5- Class E

- The onset at any age, lasts for > 20 y, treated by insulin comp. by calcified pelvic vessels

6- Class F: associated with nephropathy.

7- ***Class H:*** associated with cardiac affection

8- Class T: with renal transplantation

Dispositions of the foetus

1- Lie :

The relation of the long axis of the foetus to that of the long axis of the mother may be .

Longitudinal (99.5%) As in cephalic or breach presentation

Transverse lie (6.5%) As in shoulder presentation or (oblique lie)

2- Presentation :

The part of the foetus in relation to the pelvic inlet , which can be felt first by vaginal examination , may be

Cephalic presentation : (96%)

The foetus is presenting by the head which varies with foetal attiude

Vertex presentation : when the head is completely flexed

Face present : when the head is completely extended

Brow present : when the head is mid way between extension and flexion

Complex present : with prolapse of one or more limbs

Breach presentation : (3.5%)

The presenting part formed of the buttocks with or without the lower limbs

Shoulder presentation : (0.5%)

In transverse or oblique lie

Cord presentation :

The umbilical cord presents blow any of one of the above presentation .

3- Position :

The relation of foetal back to the right or the left sides of the mother and whether anterior or posterior there are 4 position :

a- Left anterior (L.A) 60%

The foetal back felt in the left side and anterior near the median plane

b- Right anterior (R.A) 15%

The foetal back felt in the right side

c- Right posterior (R.P) 20%

The foetal back felt in the right side and near the back .

d- Left posterior (L.P) 5%

The foetal back felt in the left side of the mother and near the back .

In vertex presentation , the positions of the occiput are (L.O.A , R.O.A , R.O.P, ……,…….,)

In Breech present , the positions of the sacrum are (L.S.A , R.S.A , R.S.P,……..,……..)

4-Foetal attitude :

It is the relation of the foetal parts to each other it may :

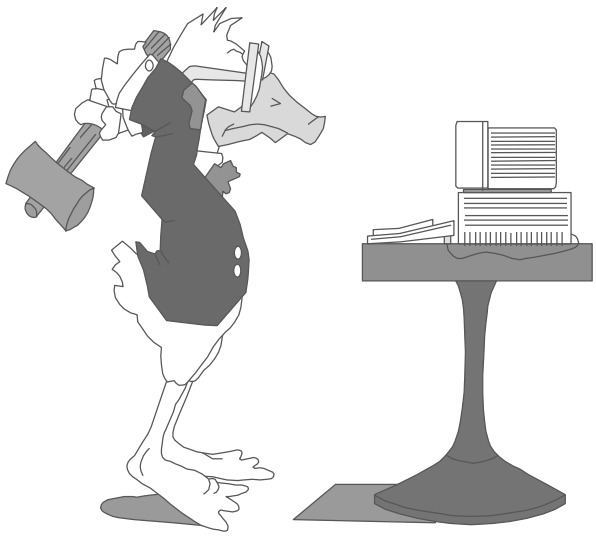
Complete flexion (the usual attitude) occur in vertex present

Complete extension occur in face presentation.

Military attitude (mid way between extension and flexion)

Comparison between True and false labour pains

	True labour pain	**False labour pain**
Pain & irregularity	- Painful ,regular	- Not painful , irregular
2-Intensity	- Gradually increase with progress of labour	- Remain of the same intensity
3-Site	- In the back	- In the abdomen only
4-Effect of sedation	-No effect	- Stop false uterine contraction
5-Effect on the cervix	- Dilates	- Not dilated



Good luck

M.Elawdy